

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

FORM NO 097673532

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
4	/					
5						
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45	/					
46						
47	/					
48						
49	/					
50						
TOTAL IND.			↓		↓	
TOTAL DEP.			↔		↔	
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52	/					
53		/				
54		/				
55	/					
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98						
99						
100						
TOTAL IND.		24			↓	
TOTAL DEP.		60			↔	
TOTAL CLAIMS		84			↔	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
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